

Foster Family Home - Corrective Action Report

Provider ID: 1-568032

Home Name: Wilson Verdadero, CNA

Review ID: 1-568032-6

576 Ulumalu Street

Reviewer: David Ayling

Kailua HI 96734

Begin Date: 10/9/2018

End Date: 10/9/18

Foster Family Home

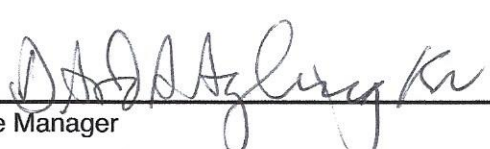
Required Certificate

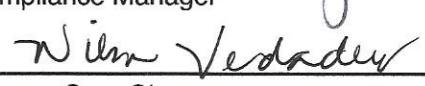
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/9/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date